	Attorney Docket N	lumber	VAC.715	
DECLARATION FOR UTILITY DESIGN	OR First Named Inven	ntor	BOYNTON, Thomas	
PATENT APPLICATION	COMI	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number	er	/	
X Declaration Declaration	Filing Date	Herew	rith	
Submitted OR Submitted at	I Group Art Unit	n/a		
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)		n/a		

As a below named inventor, I hereby declare that:			
My residence, mailing address, and citizenship are as stated below next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:			
VACUUM ASSISTED TISSUE TREATMENT SYSTEM			
(Title of the Invention)			
(Title of the Invention) the specification of which			
जि			
is attached hereto			
OR CONTROL OF THE PROPERTY OF			
was filed on (MM/DD/YYYY) as United States Application Number or PCT International			
Application Number and was amended on (MM/DD/YYYY) (if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or			
PCT international filing date of the continuation-in-part application.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other			
than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.			
Prior Foreign Application Number(s)  Prior Foreign Filing Date Foreign Filing Date Priority Not Claimed YES NO			
, mindoffill) in the first NO			
USA			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:			

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

# 

# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Num or Bar Code La				OR 🗶 Con	rrespondence address below
Nadeem G. Bridi, C/o Kinetic Co	nce	epts, Inc.			
P.O. Box 659508					
<sub>City</sub> San Antonio			State	<sub>e</sub> TX	ZIP 78265-9508
USA Country	Telepi	210-25	55-4	543	210-255-4440 Fax
are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			alse statements and the like so	
NAME OF SOLE OR FIRST INVENTOR:		A petition h	as be	een filed for this un	signed inventor
Given Name Thomas A. (first and middle [if any])				ily Name Boynton urname	n
Inventor's Homes a. Boynton Date / August 2001					
Floresville Residence: City		TX State		Country USA	US Citizenship
205 County Road 403 Mailing Address					
Floresville city		TX State		78114 ZIP	USA Country
NAME OF SECOND INVENTOR:		A petition has	s bee	n filed for this unsi	gned inventor
Given Name Teryl Blane (first and middle [if any])				ly Name Sanders	
Inventor's Signature PLAE ANDERS Date 7-27-01					
San Antonio Residence: City	s	TX State	C	USA Country	US Citizenship
702 Stoneway Mailing Address					
San Antonio city	•	TX State	7	78258 zip	Country
X Additional inventors are being named on the 2	supr	lemental Additic	nal Inv	ventor(s) sheet(s) PTO	/SR/02A attached bereto

PTO/SB/02A (11-00)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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# **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page \_1\_ of \_2\_

Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Keith Patrick			He	aton		
Inventor's Signature						Date
Poole Residence: City	Dors State	set		Great Britain Country		United Kingdom Citizenship
Mailing Address 33 Hermitage Road						
Mailing Address						
City Poole	State	Dorset	t	ZIP BH14 OG	Count	Great Britain ry
Name of Additional Joint Inventor, if a	ny:			A petition has been file		
Given Name (first and middle [if any	])			Family Nai	me or S	Surname
Kenneth William			ŀ	Hunt		
Inventor's Signature						Date
Merley, Wimbourne Residence: City	Dorset State			Great Britain Country		United Kingdom Citizenship
Mailing Address 18 Egdon Drive						
Mailing Address						
City Merley, Wimbourne	State	Dorse	t	ZIP BH21 1TY	Cou	<sub>ntry</sub> Great Britain
Name of Additional Joint Inventor, if a	ny:			A petition has been filed		
Given Name (first and middle [if any]	)		Family Name or Surname			or Surname
Mark		Beard				
Inventor's Signature Date			Date			
Residence: City	State			Country		Citizenship
Mailing Address						
Mailing Address				<u>-                                    </u>		
City	State			ZIP	Co	ountry

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#### **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_2\_ of \_2\_

Name of Additional Joint Inventor, if a	ıny:		A petition has been file	ed for t	this unsigned inventor
Given Name (first and middle [if any	<u>y])</u>	<u> </u>	Family Nam	ne or S	Surname
David M.		Tun	mey		
Inventor's Signature Study					Date \$ 13/01
San Antonio Residence: City	TX State		USA Country		USA Citizenship
Mailing Address 5018 New Castle Lane					
Mailing Address					
City San Antonio	State TX		ZIP 78246	Countr	ny USA
Name of Additional Joint Inventor, if a			A petition has been filed	J for th	is unsigned inventor
Given Name (first and middle [if any	<u>/])</u>	$\perp$	Family Nam	ne or S	Surname
L. Tab		R	Randolph	_	!
Inventor's Signature	Fanal	es s			Date 8/13/01
San Antonio Residence: City	TX State		USA Country		USA Citizenship
Mailing Address 27917 Bonn Mountain					
Mailing Address					
City San Antonio	State TX		78260	Cou	<sub>untry</sub> USA
Name of Additional Joint Inventor, if a		□ A	A petition has been filed f		
Given Name (first and middle [if any	])		Family N	Vame /	or Surname
					:
Inventor's Signature		·			Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
City	State		71 <b>D</b>	C	

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#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	n/a
Filing Date	Herewith
First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

I hereby appoint:		_			
Practitioners at 0	Customer Number	<b>□</b> →	Place Customer Number Bar Code Label here		
Practitioner(s) na	med below:	L			
, , ,	Name	Registrati	on Number		
Nadeem G. E	Nadeem G. Bridi 42,361				
William H. C	Quirk, IV	33,996			
	r agent(s) to prosecute the application io States Patent and Trademark Office cor				
	espondence address for the above-iden ned Customer Number.	PI No	0: lace Customer umber Bar Code abel here		
Firm or Individual Name	Kinetic Concepts, Inc.				
Address	P.O. Box 659508				
Address					
City	San Antonio	State TX	Zip 78265-9508		
Country	USA				
Telephone	210-255-4543	Fax 210-255-444	40		
	or. ord of the entire interest. See 37 CFR 3. r 37 CFR 3.73(b) is enclosed. (Form PT				
	SIGNATURE of Applicant or Assign	ee of Record			
Name The	mas A. Boynton	4			
Signature The	Signature thornas a fountan				
Date / A	ugust 2001				
NOTE: Signatures of all the inver	nters or assignees of record of the entire interest	or their representative	e(s) are required. Submit multiple		
forms if more than one signature  **Total of 7 (seven) for	ms are submitted.				
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#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	n/a
Filing Date	Herewith
First Named Inventor	SANDERS< Teryl Blane
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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OR .	Customer Number	<b>□</b> → [	Place Customer Number Bar Code Label here	
Practitioner(s) n				
Nadeem G	Name Registration Number Nadeem G. Bridi 42 361			
William H.		42,361 33,996		
	COLIN TA	33,330		
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as my/our attorney(s) of husiness in the United	r agent(s) to prosecute the application id States Patent and Trademark Office con	entified above, an	d to transact all	
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City	San Antonio ;	State TX	Zip 78265-9508	
Country	USA			
Telephone	210-255-4543	ax 210-255-444	0	
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Applicant/Invent	or.			
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Statement unde	ord of the entire interest. See 37 CFR 3.7 r 37 CFR 3.73(b) is enclosed. (Form PT)	1. D <i>ISRI</i> 96)		
	SIGNATURE of Applicant or Assigne			
	· · · · · · · · · · · · · · · · · ·	e or itecoru		
Name / BANE SANDERS				
Signature	TKUL ASSIS			
Date	8.17.01			
NOTE: Signatures of all the inver- forms if more than one signature	ntors or assignees of record of the entire interest or is required, see below*	r their representative(	s) are required. Submit multiple	
F3	rms are submitted.			

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# **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	n/a
Filing Date	Herewith
First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

I hereby appo	oint:			
Practitio <i>OR</i>	ners at Customer Numbe	er		Place Customer  Number Bar Code  Label here
Practition	ner(s) named below:			
	Name		Regis	tration Number
Nadeem G. Bridi 42,361				
Willia	am H. Quirk, IV		33,996	
<u> </u>				100 100 1
as my/our attorr business in the	ney(s) or agent(s) to pros United States Patent an	secute the application d Trademark Office co	identified above	e, and to transact all vith.
	the correspondence add			
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Individual Na	<sub>ame</sub> Kinetic Co	ncepts, Inc.		
Address	P.O. Box 6595	508		
Address				
City	San Antonio		State TX	Zip 78265-9508
Country	USA			
Telephone	210-255-4543		Fax 210-255	-4440
I am the:				
X Applican	t/Inventor.			
	e of record of the entire i nt under 37 CFR 3.73(b)			
	SIGNATURE	of Applicant or Assig	nee of Record	
Name	Keith Heaton			
Signature				
Date				
NOTE: Signatures of all	I the inventors or assignees of signature is required, see belo	record of the entire interes	t or their represent	ative(s) are required. Submit multiple
*Total of _7 (seven)	forms are submitted.	***		

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### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	n/a
Filing Date	Herewith
First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

l hereby appoi	int:			
OR	ners at Customer Number er(s) named below:		Place Customer Number Bar Code Label here	
1 Tactition	Name		Designation Number	
Nade	em G. Bridi	42,361	Registration Number	
William H. Quirk, IV 33,996				
		,		
as my/our attorn business in the t	ey(s) or agent(s) to prosecute t United States Patent and Trade	ne application identified mark Office connected t	above, and to transact all herewith.	
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  Label here				
Firm or				
Address	P.O. Box 659508	· · · · · · · · · · · · · · · · · · ·		
Address				
City	San Antonio	State TX	Zip 78265-9508	
Country	USA			
Telephone	lephone 210-255-4543 Fax 210-255-4440			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	Kenneth Hunt			
Signature	Signature			
Date				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of _7 (seven)	Total of 7 (seven) forms are submitted.			

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	n/a
Filing Date	Herewith
First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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Drootitio		Contama a a Novembre				Place Customer
Practitio	Practitioners at Customer Number			<b>→</b>	Number Bar Code Label here	
X Practition	ner(s) na	amed below:			L	Labor nore
	<del></del>	Name			Registratio	on Number
Nade	eem G. I			42,3		21 Number
Willi	William H. Quirk, IV 33,996					
as my/our attor	nev(s) o	r agent(s) to pros	secute the application	identifi	nd above on	nd to transact all
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Individual Na	ame	Kinetic Co	ncepts, Inc.			
Address		P.O. Box 6595	08		*****	
Address				_		
City		San Antonio		State	TX	Zip 78265-9508
Country		USA				
Telephone	210-255-4543 Fax 210-255-4440					
I am the:						
X Applicar	t/Invent	or.				
☐ Assigned	e of roce	ard of the entire in	storoot Coo 27 CED 2	74		
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record  Name  Mark Beard						
Name	Iviark	Beard				
Signature						
Date						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total of _7 (seven) forms are submitted.						
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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

n/a
Herewith
BOYNTON, Thomas A.
Vacuum Assisted Tissue Treatment System
n/a
n/a
VAC.715

Practitioners at Customer Number  OR  Name  Name  Registration Number Bar Code Label here  Name Registration Number  Name Name Name  Name  Name Name  Name Name  Name Name  Name  Name Name  Name  Name Name  Name  Name Name  Name  Name Name  N	I hereby appoint:		Γ		
Assignee of record of the entire interest. See 37 CFR 3.71.  SIGNATURE of Applicanture (s) are required. Submit multiple forms if more than one signature is required.	Practitioners at	Customer Number	<b>-</b>	i	
Name Registration Number  Nadeem G. Bridi 42,361  William H. Quirk, IV 33,996  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number.  Number Bar Code Label here    Place Customer Number Bar Code Label here   Number Bar Code		Sustainer Number			
Address  Address  City  San Antonio  Country  USA  Telephone  210-255-4543  Fax  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Signature  Signature  Signature  Signature  Number (S to to a gent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  Place Customer Number Bar Code Label here  Number Bar Code Label here  Place Customer Number Bar Code Label here  Number Bar Code Label here  Vipical Customer Number Bar Code Label here  Number Bar Code Label here  Name  Signature Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature Assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Practitioner(s) na	amed below:	L		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number.  Number Bar Code Label here  Kinetic Concepts, Inc.  Address  P.O. Box 659508  Address  City  San Antonio  State TX  Zip 78265-9508  Country  USA  Telephone  210-255-4543  Fax 210-255-4440  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  8 //12/ei  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*			Registrat	tion Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  INTERPLAY   Place Customer Number   Place Customer Number Bar Code Label here    INTERPLAY   Pirm or Individual Name   Name			42,361		
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  Windividual Name  Address  P.O. Box 659508  Address  City  San Antonio  State  TX  Zip  78265-9508  Country  USA  Telephone  210-255-4543  Fax  210-255-4440  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  8 / 12 / 6 i  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	William H. (	Quirk, IV	33,996		
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Address  City San Antonio State TX Zip 78265-9508  Country USA  Telephone 210-255-4543 Fax 210-255-4440  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  8/12/61  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	<b>X</b>	Kinetic Concepts, Inc.			
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Filing Date	Herewith
First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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